

## ISSUE SLIP STAPLE FORM (for additional cross references)

	INITIALS	ID NO.	DATE
FEE DETERMINATION	S8		4-19-01
O.I.P.E. CLASSIFIER		10	5-10-01
FORMALITY REVIEW	MD	579	6/11/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	101	5/25/01
2	✓	102	5/25/01
3	✓	103	5/25/01
4	✓	104	5/25/01
5	✓	105	5/25/01
6	✓	106	5/25/01
7	✓	107	5/25/01
8		108	5/25/01
9		109	5/25/01
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46		146	5/25/01
47		147	5/25/01
48		148	5/25/01
49		149	5/25/01
50		150	5/25/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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